

Technical Analysis Form

1. IAE CR# <i>(IAE will assign)</i>		2. Short Title of Change Request:	
3. Date Submitted to IAE:		4. Preparer(s) of Technical Analysis: <i>(Include Email/Phone):</i>	
5. This Analysis is for what System:			
6. Project Manager: (Name/email/phone)			
7. Other Known IAE System (s) Impacted:			
8. Project Manager Tracking Number <i>(for reference purposes):</i>			
Technical Analysis			
9. Summarize the impact of this Change on your system			
Impacted Components			
<i>Data Elements</i>			
10. Are there any Data Elements Created? Modified? Deleted?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
11. What other IAE systems use these data elements?			
<i>Dependencies</i>			
12. Is this CR dependent on any other CR(s)?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is this CR dependent on any policy(ies)?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is this CR dependent on any other milestones?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
15. Is this CR dependent on any other resources?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Interface/Extracts</i>			
16. Are there any	Yes	No	Explain

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anticipated impacts to incoming data?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are there any anticipated impacts to outgoing data?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
18. Are there any anticipated impacts to any database(s)?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are there any anticipated impacts to any web screen(s)?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
20. Is there any anticipated XML impact?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
21. Will a new interface need to be developed for a back office system?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	

Reports or Online Queries

22. Are there any anticipated impacts to existing reports or online queries?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	

Notifications

Stakeholders	23. What is the impact on each stakeholder? What does each need to know?	24. When will each be notified? (Milestone Plan)	25. How will each be notified, i.e., email, USPS, Website, other? Please specify.
Contracting Officer			
Contracting Writing System (CWS) Vendor			
Senior Management			
Vendors			

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Registrants			
Extract Users			
Other (Finance, Grants, etc.)			
<i>Additional Products</i>			
<p>26. Specify additional products (<i>hardware, software, documentation, etc.</i>) that will be affected if the CR is approved. Describe the changes to products and technical requirements, i.e., system design specifications, help screens, user manuals, training materials, etc.</p>			
<i>Performance</i>			
27. Do you anticipate any other impact on system performance?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Security</i>			
<p>28. Does this change need the IAE PMO Security Officer Analysis? <i>The IAE PMO Security Officer must be contacted if the CR involves new system implementations and upgrades, new product implementations, and/or changes to existing equipment/system software that affect current operational procedures.</i></p>			
The IAE PMO Security Officer may determine that a risk assessment, security certification, or an Interim Authority to Operate (IATO) is required.	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
Cost Assessment – Dollars – Labor Hours – Elapsed Time/Duration			
29. Can this CR be implemented within your system's approved budget?	Yes	No	Explain
	<input type="checkbox"/>	<input type="checkbox"/>	
30. What is your system's Total Cost (Dollars) to implement this change?			
31. Specify the type of position(s) and labor hours required to develop and implement the change.			
32. How long will it take in elapsed time to Develop and Implement, if approved?			

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Schedules - Milestones			
33. Is the requested change feasible within the specified time constraints, if approved?	Yes	No	Explain
<input type="checkbox"/>	<input type="checkbox"/>		
34. Identify or project the impact of implementation of the CR on the organization's schedules, milestones, and deliverables.			
35. Will any milestones and/or deliverables be missed if this CR is implemented?	Yes	No	Explain
<input type="checkbox"/>	<input type="checkbox"/>		
36. Are there any alternative solutions to resolving this Change Request?	Yes	No	Explain
<input type="checkbox"/>	<input type="checkbox"/>		
37. What is the Planned Implementation Date? Attach Milestones.			
Risks			
38. Are there any other risks associated with this implementation?	Yes	No	Explain
<input type="checkbox"/>	<input type="checkbox"/>		
39. Additional Remarks:			

Submit Completed Analysis to: integrated.acquisition@gsa.gov and
cc: (Email address) System Business Area Analyst
Kathryn.fiffick@gsa.gov